

APPLICATION FOR CERTIFICATE OF AUTHORITY

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

Pursuant to W.S. 17-19-1503 of the Wyoming Nonprofit Corporation Act, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. The name of the corporation as incorporated is: _____

2. It is incorporated under the laws of: _____
3. The date of its incorporation is: _____

and the period of its duration is: _____
(e.g.: perpetual, 50 years, 100 years, etc.)
4. The street address of its principal office: _____

5. The mailing address where correspondence and annual report forms can be sent:

6. The physical address of its registered office in Wyoming and the name of its registered agent at that address is: _____

(The agent must be an individual resident of Wyoming, a domestic corporation or not-for-profit domestic corporation or a foreign corporation or not-for-profit foreign corporation authorized to transact business in this state.)
7. The names and usual business addresses of its current directors and officers:
(You may attach a list in lieu of completing this section)

Office	Name	Address
President	_____	_____
Vice-President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Director	_____	_____
Director	_____	_____
Director	_____	_____

(IF ADDITIONAL DIRECTORS, PLEASE ATTACH A LIST.)

8. Does this corporation have members? _____ (Yes or No)
9. If this corporation had been incorporated under the laws of this state, would it be (a) a public benefit corporation _____ (b) a mutual benefit corporation _____ or (c) a religious corporation? _____
(Check appropriate line.)
10. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of article 10, section 5, of the Wyoming constitution.

Date: _____

Signed: _____

Title: _____

(May be executed by Chairman of Board, President or another of its officers)

Contact Name: _____

Daytime Phone Number: _____

For name availability purposes list the type of business the corporation will be conducting:

Filing Fee: \$25.00

Instructions:

1. The completed application must be accompanied by an original certificate of existence/ good standing, or a document of similar import, dated not more than sixty (60) days prior to filing in Wyoming.
2. The application for certificate of authority shall be accompanied by a written consent to appointment executed by the registered agent.
3. The document shall be accompanied by one (1) exact or photo copy.
4. Evidence of filing will be a file stamped copy and receipt.

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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I, _____, voluntarily consent to serve as the
registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent